Alabama Department of Mental Health and Mental Retardation
Substance Abuse Service Division
CRAFFT Screening
(Age Less than 18)

Completed By:_____
Date of Screening: ___/___/_____
Date of Entry: ___/___/_____

ASAIS ID: _____ Provider ID: _____

Name: _____
Last First Middle Maiden

Alias 1: _____ Alias 2: _____

What is the most important thing you want that made you decide to call for help: _____

Presenting Problems: (check all that apply)

001 ☐ Marital
002 ☐ Family
003 ☐ Social
004 ☐ Interpersonal
005 ☐ Daily Coping
006 ☐ Medical
007 ☐ Somatic
008 ☐ Depressive/Mood Disorder
009 ☐ Suicidal
010 ☐ Alcohol
011 ☐ Drug
012 ☐ Criminal Justice
013 ☐ Eating Disorder
014 ☐ Thought Disorder
015 ☐ Abuse Victim
016 ☐ Assault Victim
017 ☐ Rape Victim
018 ☐ Runaway Behavior
097 ☐ None
098 ☐ Other: _____

Date of Birth: _____ Age: _____

SSN#: _____ Medicaid #: _____

Address: _____

City: _____ State: _____ Zip: _____

County of residence: _____ Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Sex:
☐ Female – F
☐ Male – M

Race: (Check one box)
01 ☐ Black / African American
02 ☐ Caucasian / White
03 ☐ Alaskan Native
04 ☐ American Indian
06 ☐ Asian
07 ☐ Native Hawaiian / Other Pac Island
08 ☐ Multi-Racial
98 ☐ Other _____

Ethnicity: (Check one box)
1 ☐ Not of Hispanic Origin
2 ☐ Puerto Rican
3 ☐ Mexican
4 ☐ Cuban
5 ☐ Other Specific Hispanic
6 ☐ Hispanic-Specific Origin not Specified
7 ☐ Unknown

Marital Status: _____ yrs _____mo
1 ☐ Married
2 ☐ Never Married
3 ☐ Separated
4 ☐ Divorced
5 ☐ Widowed
6 ☐ Common Law
Number of Marriages: _____

Language Preference:
00 ☐ English 02 ☐ Sign 04 ☐ German 06 ☐ Italian 08 ☐ Chinese 10 ☐ Arabic
01 ☐ Spanish 03 ☐ French 05 ☐ Russian 07 ☐ Japanese 09 ☐ Vietnamese 98 ☐ Other

Head of household? ☐ Yes ☐ No Education (years completed): _____

Referral Source:

01 ☐ Self
02 ☐ Parent
03 ☐ Physician
04 ☐ School System
05 ☐ Other Family
06 ☐ Friend
07 ☐ Spouse
08 ☐ DHR
09 ☐ Employer / EAP
10 ☐ Court / Correctional Agency
11 ☐ State / Federal Court
12 ☐ Formal Adjudication Process
13 ☐ Probation / Parole
14 ☐ Recognized Legal Entity
15 ☐ DUI / DWI
16 ☐ Diversionary Program/TASC
17 ☐ Prison
18 ☐ Other Criminal Justice
19 ☐ Police
20 ☐ Guardian
21 ☐ Other Community Referral
22 ☐ Educational Agency
23 ☐ State/County Psych Hospital
24 ☐ General / Psychiatric Hospital
25 ☐ Other Inpatient, Psychiatric
26 ☐ Nursing Home/Extended Care
27 ☐ Alcohol Treatment, Inpatient/Res
28 ☐ Drug Abuse, Inpatient/ Res
29 ☐ Alcohol Treatment, Not Inpatient
30 ☐ Drug Abuse Treatment, Not Inpatient
31 ☐ Multi-Service MH Agency
32 ☐ Outpatient Psych Services/Clinic
33 ☐ Private Psychiatrist
34 ☐ Other Physician
35 ☐ Other Private MH Practitioner
36 ☐ Other Health Provider
37 ☐ Partial Day Organization
38 ☐ Shelter for the Homeless
39 ☐ Shelter for the Abused
40 ☐ MR Regional Office
41 ☐ ARC
42 ☐ 310 Program
43 ☐ Voc Rehab Services
44 ☐ Personal Care/Boarding Home
45 ☐ Clergy
98 ☐ Other: _____

Reason for referral: _____

Financial I receive my principal source of income from:

01 ☐ Wages/Salary 02 ☐ Public Assistance 03 ☐ Retirement/Pension 04 ☐ Disability 08 ☐ None 20 ☐ Other

Source of Payment: 0 ☐ No Charge (free, charity, special research or teaching) 1 ☐ Worker's Compensation

2 ☐ Personal Resources (Self/Family) 3 ☐ Health Insurance Companies (Not BCBS) 4 ☐ Service Contract (EAP, HMO, public mental health authority)

5 ☐ Medicaid 6 ☐ Medicare 9 ☐ Other Government Payments 10 ☐ Blue Cross/Blue Shield 11 ☐ DMH

Insurance:

Do you have: 01 ☐ Private Insurance (other than Blue Cross/Blue Shield or an HMO) 02 ☐ Blue Cross/Blue Shield 03 ☐ Medicare

04 ☐ Medicaid 06 ☐ Health Maintenance Organization (HMO) 20 ☐ Other (e.g. Tricare, Champus) 21 ☐ None 97 ☐ Unknown

CRAFFT – Age Less Than 18

Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs:
☐ YES ☐ NO

Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in:
☐ YES ☐ NO

Do you ever use alcohol or drugs while you are by yourself or alone:
☐ YES ☐ NO

Do you ever forget things you did while using alcohol or drugs:
☐ YES ☐ NO

Do your family or friends ever tell you that you should cut down on your drinking or drug use:
☐ YES ☐ NO

Have you ever gotten into trouble while you were using alcohol or drugs:
☐ YES ☐ NO

CRAFFT Score: _____
(Two or more positive responses is highly predictive of an alcohol or drug-related disorder.)

SOURCE: Knight JR; Shrier LA; Bravender TD; Farrell M; Vander Bilt J; Shaffer HJ. (1999) A new brief screen for adolescent substance abuse. *Archives of Pediatrics and Adolescent Medicine Jun; 153(6).* 591-6.

MINI KID SCREEN

If YES, go to the corresponding M.I.N.I. Kid module

➢ Have you felt sad or depressed, down or empty, or grouchy or annoyed**, most of the day, nearly every day** for the past two weeks? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **A**
➢ In the past two weeks, have you been bored a lot or much less interested in things (like playing your favorite games) for **most of the day, nearly every day**? Have felt that you couldn't enjoy things? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **A**
➢ Have you **ever** felt so bad that you wished you were dead, or tried to hurt yourself, or tried to kill yourself? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **B**
IF YOU SAID **YES** TO THE FIRST QUESTION, SKIP THIS QUESTION.		
➢ **In the past year** have you felt sad or depressed, down or empty, or grouchy or annoyed**, most of the time**? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **C**
➢ Has there **ever** been a time when you were so happy that you felt really 'up' or 'high' or 'hyper'? By 'up' or 'high' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas.	☐NO ☐YES	→ **D**
DO NOT CONSIDER TIMES WHEN YOU WERE INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY EXCITED, LIKE CHRISTMAS, BIRTHDAYS, ETC.	☐NO ☐YES	→ **D**
➢ Are you **currently** feeling 'up' or 'high' or 'hyper' or full of energy?		
➢ Has there **ever** been a time when you were so grouchy or annoyed, that you yelled or started fights; or yelled at people not counting your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **D**
DO NOT CONSIDER TIMES WHEN YOU WERE INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY GROUCHY OR ANNOYED.	☐NO ☐YES	→ **D**
➢ Are you **currently** feeling grouchy or annoyed?		
➢ Have you **ever** been really frightened or nervous for no reason; or have you **ever** been really frightened or nervous in a situation where most kids would not feel that way? IF **YES** TO EITHER, CODE **YES**	☐NO ☐YES	→ **E**
➢ Do you feel anxious, scared or uneasy in places or situations where you might become really frightened: like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, traveling in a bus, train or car? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **F**
➢ **In the past month**, have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to? (Like getting lost from your parents or having something bad happen to them.) IF **YES** TO EITHER, CODE **YES**	☐NO ☐YES	→ **G**
➢ **In the past month**, were you afraid or embarrassed when others were watching you? Were you afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **H**

- **In the past month**, have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?
  List the specific phobia : _____
  ☐NO ☐YES → **I**

- **In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though you knew you didn't want to? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking?
  ☐NO ☐YES → **J**

- IF **YES** TO ANY, CODE **YES**
  DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE YOU MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIS IT ONLY BECAUSE OF ITS NEGATIVE CONSEOUENCES.

- **In the past month**, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over? IF **YES** TO ANY, CODE **YES**
  ☐NO ☐YES → **J**

- Has anything really awful happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone get killed or hurt really bad? Like being attacked by someone?
  ☐NO ☐YES → **K**

- Did you respond with intense fear, feel helpless or horrified or did you feel agitated or fall apart?
  ☐NO ☐YES → **K**

- **In the past month**, has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it? IF **YES** TO ANY, CODE **YES**
  ☐NO ☐YES → **K**

- In the past **year**, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year? IF **YES** TO ANY, CODE **YES**
  ☐NO ☐YES → **L**

- **READ THE LIST BELOW** of street drugs or medicines.

  In the past year, have you taken any of them more than one time to get high? To feel better or to change your mood?
  ☐NO ☐YES → **M**

amphetamines	speed	crystal meth	Dexedrine	Ritalin, diet pills
cocaine	crack	freebase	speedball	
heroin	morphine, methadone	opium	Demerol	codeine, Percodan, OxyContin, Vicodin
LSD	mescaline	PCP, angel dust	MDA,MDMA	ecstasy, ketamine
inhalants	glue	ether	GHB	steroids
THC, marijuana	cannabis, hashish	grass	weed, reefer	barbiturates, Valium, Xanax, Ativan

➢ **In the past month**, did you have movements of your body called 'tics'? Tics are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.	☐NO ☐YES	→ **N**
➢ Have you **ever** had a tic that made you say something or make a sound over and over and it was hard to stop it? Like coughing or sniffing or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say? IF **YES** TO ANY, CODE **YES**	☐NO ☐YES	→ **N**
Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or academic performance?	☐NO ☐YES	→**O,P, Q**
In the past 6 months:		
➢ Have you often not paid enough attention to details? Made careless mistakes in school?	☐NO ☐YES	→ **O**
➢ Have you often had trouble keeping your attention focused when playing or doing homework?	☐NO ☐YES	→ **O**
➢ Have you often been told that you do not listen when others talk directly to you?	☐NO ☐YES	→ **O**
➢ Have you often tried to avoid things that make you concentrate or think hard (like school work)? Do you hate or dislike things that make you concentrate or think hard? IF **YES** TO EITHER, CODE **YES**	☐NO ☐YES	→ **O**
➢ Have you often lost or forgotten things you needed? Like homework assignments, pencils or toys?	☐NO ☐YES	→ **O**
➢ Do you often get distracted easily by little things (like sounds or things outside the room)?	☐NO ☐YES	→ **O**
In the past year :		
➢ Have you been in trouble repeatedly?	☐NO ☐YES	→ **P**
➢ Have you bullied or threatened other people?	☐NO ☐YES	→ **P**
➢ Have you hurt or threatened someone (physically) on purpose?	☐NO ☐YES	→ **P**
➢ Have you hurt animals on purpose?	☐NO ☐YES	→ **P**
➢ Have you stolen things?	☐NO ☐YES	→ **P**
➢ Have you started fires on purpose?	☐NO ☐YES	→ **P**
➢ Have you lied many times in order to get things from people?	☐NO ☐YES	→ **P**
➢ Have you skipped school often?	☐NO ☐YES	→ **P**
In the past 6 months:		
➢ Have you often argued with adults and refused to do what they asked you to do?	☐NO ☐YES	→ **Q**
➢ Have you often annoyed people on purpose?	☐NO ☐YES	→ **Q**
➢ Have you ever heard things other people couldn't hear, such as voices?	☐NO ☐YES	→ **R**
➢ Have your friends or family ever thought any of your beliefs were strange or weird?	☐NO ☐YES	→ **R**
➢ How tall are you? | inches		
➢ What was your lowest weight in the past 3 months? | lbs		

IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? **HEIGHT/WEIGHT TABLE** BELOW **CORRESPONDS TO A BMI THRESHOLD OF 17.5 KG/M^2** ☐NO ☐YES → **S**

Height ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10
Weight (lbs)	32	34	36	38	40	42	44	46	48	50	53
Height (cm)	91	94	97	99	102	104	107	109	112	114	117
Weight (kgs)	15	15	16	17	18	19	20	21	22	23	24
Height ft/in	3'11	4'0	4'1	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9
Weight (lbs)	102	104	107	110	108	110	111	113	115	115	118
Height (cm)	119	122	125	127	130	132	135	137	140	142	145
Weight (kgs)	25	26	27	28	29	31	32	33	34	35	37
Height ft/in	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8
Weight (lbs)	84	87	89	92	96	99	102	105	108	112	115
Height (cm)	147	150	152	155	158	160	163	165	168	170	173
Weight (kgs)	38	39	41	42	43	45	46	48	49	51	52
Height ft/in	5'9	5'10	5'11	6'0	6'1	6'2	6'3				
Weight (lbs)	118	122	125	129	132	136	140				
Height (cm)	175	178	180	183	185	188	191				
Weight (kgs)	54	55	57	59	60	62	64				

- Have you lost 5 lbs. or more in the last 3 months? ☐NO ☐YES → **S**
- If you are less than age 14, have you failed to gain any weight in the last 3 months? ☐NO ☐YES → **S**
- Has anyone thought that you lost too much weight in the last 3 months? ☐NO ☐YES → **S**
- In the past **three months**, did you have eating binges or times when you ate a very large amount of food within a **2-hour** period? ☐NO ☐YES → **T**
- In the last **3 months**, did you have eating binges as often as twice a week? ☐NO ☐YES → **T**
- Have you worried **excessively** or been anxious about several things over the past 6 months? ☐NO ☐YES → **U**
- Are you stressed out about something? Is this making you upset or making your behavior worse? ☐NO ☐YES → **V**

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